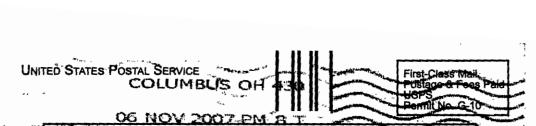
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A Signature  X Agent  Addressee
<ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name) (C. Date of Delivery
1. Article Addressed to: TED MARCUM	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
#549-841	
Ross Corr. Camp	3. Service-Type
POB 7010	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
Chillicothe Off 450	4. Restricted Detroity (Extra Fee)
Article Number (Transfer from service label)	002 0860 0006 5230 6179
PS Form 3811, February 2004 Domesti	c Return Repulpt 102567-02-01-1540



• Sender: Please print your name, address, and ZIP+4 in this box •

**CLERK'S OFFICE** UNITED STATES DISTRICT COURT 103 Potter Stewart Courthouse 100 East Fifth Street Cincinnati, OH 45202 ć

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